

*Pat Broker*

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*8563744*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5				4		
6				4		
7				4		
8				3		
9						
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15				3		
16				3		
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27						
28				2		
29				2		
30				2		
31				2		
32						
33						
34						
35						
36			1			
37						
38				7		
39				7		
40				7		
41				7		
42				7		
43				7		
44				7		
45				7		
46				7		
47				1		
48			1			
49				2		
50				1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		24	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53				3		
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						